

W04000080789

00149-00524-02595-00271 \* name in Art. I

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

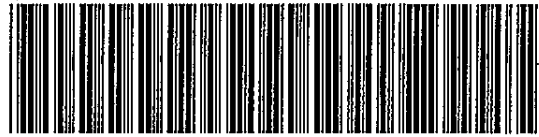
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MJH

NOV 2 2004

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FILING OFFICE  
TALLAHASSEE, FL 32304

04 NOV -8 PM 2:43

FILED

W04-39193

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMCOM Residential Phone Services  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gontrand Delmas

(Name of Person)

(Firm/Company)

22091 Peachland Blvd.

(Address)

Port Charlotte, Florida 33954

(City/State and Zip Code)

For further information concerning this matter, please call:

Gontrand Delmas

(Name of Person)

at ( 941 )

625-6517

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 25, 2004

GONTRAND DELMANS  
22091 PEACHLAND BLVD.  
PORT CHARLOTTE, FL 33954

SUBJECT: AMCOM RESIDENTIAL PHONE SERVICES  
Ref. Number: W04000039193

We have received your document for AMCOM RESIDENTIAL PHONE SERVICES and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must put the name of the company in Article I - Name.,

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 404A00061239

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AmCom Residential Phone Service LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

22091 Peachland Blvd.

Port Charlotte, Florida 33954

**Mailing Address:**

22091 Peachland Blvd

Port Charlotte, Florida 33954

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Gontrand Delmas  
Name

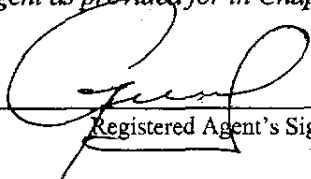
22091 Peachland Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Port Charlotte, FLORIDA 33954  
City, State, and Zip

**FILED**  
04 NOV -8 PM 2:43  
STATE OF FLORIDA  
TALLAHASSEE

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Angel M. Perretti

22403 Peachland Blvd

Port Charlotte, Florida 33954

MGRM

Gontrand Delmas

22091 Peachland Blvd.

Port Charlotte, Florida 33954

MGRM

Mariline F. Delmas  
22091 Peachland Blvd  
Port Charlotte FL 33954

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GONTRAND DELMAS

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)